

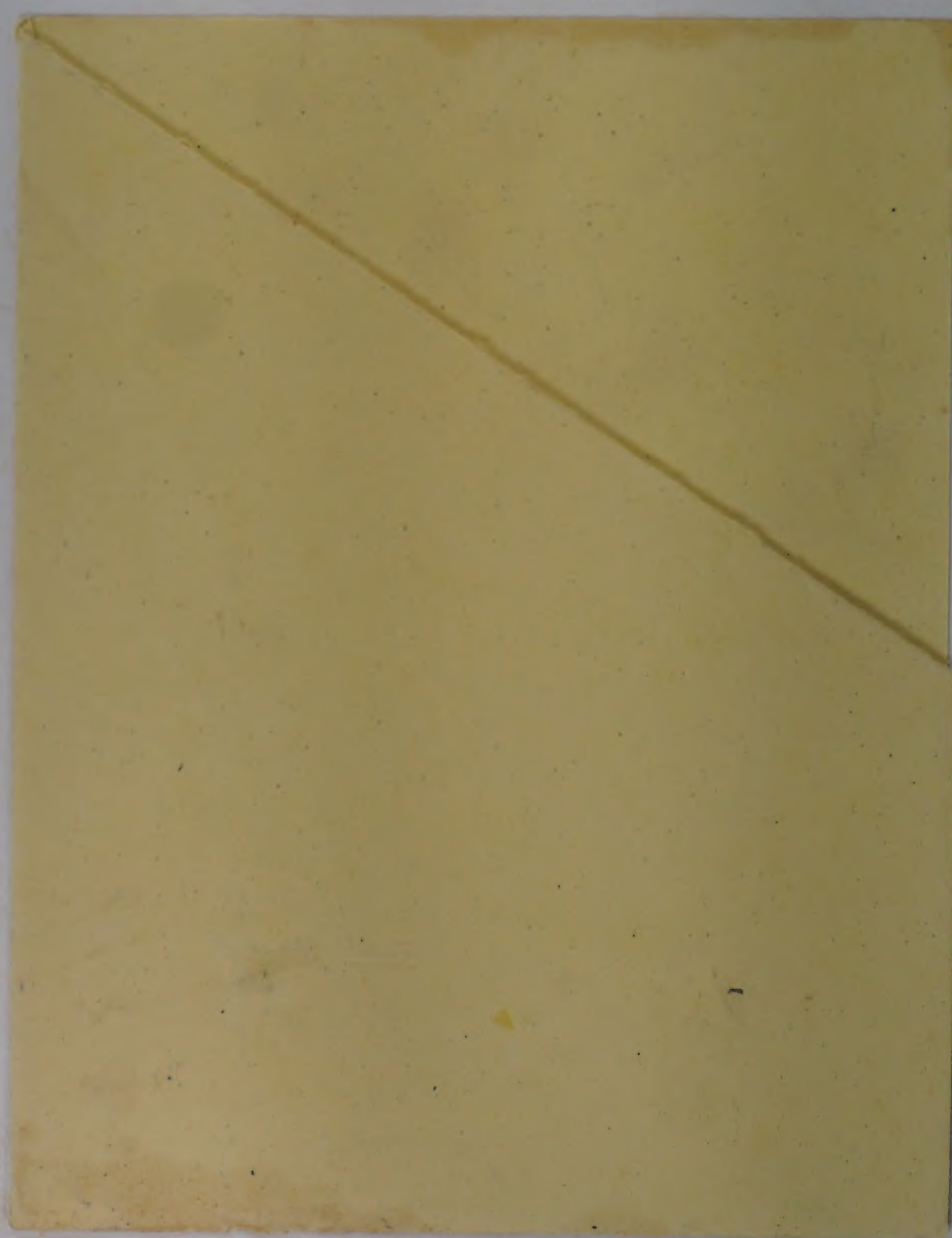
CHILDHOOD DISABILITY INFORMATION KIT

LEARNING & BEHAVIOUR



UNICEF
Kathmandu, Nepal

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LEARNING & BEHAVIOUR

A booklet about learning & behaviour problems, prevention and care.

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The content of this booklet has been adapted from the Draft Version of the **WHO** Manual. "Training the Disabled in the Community" and the "Childhood Disability: Prevention and Rehabilitation at the Community Level" manual produced by the Rehabilitation International/UNICEF Technical Support Program.

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DEVELOPMENT OF LEARNING SKILLS

Learning is an internal mental process measured by the child's behavior and how these behaviors relate to new understandings about the world. It develops in stages, ranging from children's exploration of their immediate environment through their five senses to a later ability to think about and solve problems on an abstract level.

0 to 12 months

Follows moving object with eyes.

Recognizes differences among people.

Responds to strangers by crying or staring.

Responds to and imitates facial expressions of others.

Responds to very simple directions (e.g. raises arms when someone says, "Come," and turns head when asked).

Imitates gestures and actions (e.g. shakes head no, plays peek-a-boo, waves bye-bye).

Puts small objects in and out of containers with intention.



1 to 2 years

Imitates actions and words of adults.

Responds to words with appropriate action (e.g. "Stop that", "Get down").

Is able to match two similar objects.

Looks at storybook pictures with an adult, naming or pointing to familiar objects on request (e.g. "What is that? Point to the baby")

Recognizes difference between you and me.

Has very limited attention span

Accomplishes primary learning through own exploration.



2 to 3 years

Responds to simple directions (e.g. "Give me the ball and the clock." "Get your shoes and socks")

Selects and looks at picture books, names pictured objects, and identifies several objects within one picture.

Matches and uses associated objects meaningfully (e.g. given cup, saucer, and bead, puts cup and saucer together).

Stacks rings on peg in order of size.

Recognizes self in mirror, saying baby, or own name.

Can talk briefly about what he is doing.

Imitates adult actions (e.g. housekeeping play).

Has limited attention span ; learning is through exploration and adult direction (as in reading of picture stories).

Is beginning to understand use of familiar objects (e.g. that a spoon is used for eating) and part/whole concepts (e.g. parts of the body).

3 to 4 years

Recognizes and matches six colors.

Intentionally stacks blocks or rings in order of size.

Draws somewhat recognizable picture that is meaningful to child, if not to adult ; names and briefly explains picture.

Asks questions for information : why and how questions requiring simple answers.

Knows own age.

Knows own last name.

Has short attention span ; learns through observing and imitating adults, and by adult instruction and explanation ; is very easily distracted.

Has increased understanding of concept.

Begins to be aware of past and present (e.g. Yesterday we went to the park. Today we go to the library).

4 to 5 years

Plays with words : creates own rhyming words, says or makes up words having similar sounds.

Points to and names 4 to 6 colors.

Matches pictures of familiar objects (e.g. shoe, sock, foot ; apple, orange, banana).

Draws a person with 2 to 6 recognizable parts,



such as head, arms, legs ; can name or match drawn parts to own body

Draws, names and describes recognizable picture.

Rote counts to 5, imitating adults.

Knows own street and village.

Has extended attention span ; learns through observing and listening to adults as well as through exploration ; is easily distracted.

Has increased understanding of concepts of function, time, part/whole relationships. Function or use of objects may be stated in addition to names of objects. Time concepts are expanding. The child can talk about yesterday or last week (a long time ago), about today, and about what will happen tomorrow.

5 to 6 years

Retells story from picture book with reasonable accuracy.

Names some letters and numbers

Rote counts to 10.

Sorts objects by single characteristic (e.g. by color, shape, or size if the difference is obvious).

Beginning to use time concepts of tomorrow and yesterday accurately.

Uses simple tools meaningfully and purposefully.

Attention span increases noticeably ; learns through adult instruction ; when interested, can ignore distractions.

Concepts of function increase as well as understanding of why things happen . time concepts are expanding into an understanding of the future in terms of major events.



LEARNING DIFFICULTIES

Children who have difficulty with learning differ from others in that they have difficulty in understanding and thinking. Because of their learning difficulties, they may not act in the same way as other children of their age.

These children often find it difficult to adapt themselves to new situations and may take time to settle down in school.

You may find that some children learn well at times, and yet at other times they are unable to learn and may even forget what they have already learned. When you find a child has periods like this, you should not try to teach him anything new during the periods when he is unable to learn. You should however go on showing interest in the child even at these times.

Because of their learning difficulties, these children are easily tired, restless, or irritable. Some of them are not able to sit in one place and do the same thing for as long as other children.

If your child is like this, you should gently change his behaviour while you play with the child.

SOCIALIZATION

If there are other children in the family, they must often play with the child you are training. Otherwise, get together two or three children from the neighbourhood. In playing with others, the children will learn to cooperate and to share their toys. Children also learn to wait their turn to do things. Other children also learn to accept a child with a disability as one of them.



Get together a group of children to play "Blindman's Bluff".

One of the children has her eyes covered with a piece of cloth. This child has to catch one of the others who call out while moving around.



The child reaches a stage when she likes to imitate grownups.

When you do your household tasks, let the child do them with you and imitate what you and other grownups do.

When other members of the household do their tasks, the child should be allowed to help so that he begins to feel and take responsibility for small tasks.

Children like to play at "acting". Let them dress up in old clothes, etc., and make up little plays imitating people and events.



LEARNING DIFFICULTIES: SIGNS TO WATCH FOR AND WHAT TO DO

Jerky and uncoordinated movements :

- Practice jumping, hopping, skipping, kicking activities with music.

Difficulty in moving both arms at the same time :

- Exercises involving movement of both arms ; lifting or throwing games.

Difficulty in crossing the midline of the body (child has trouble in using right hand to pick up a toy placed to the left of her body) :

- Practice arm crossing to the opposite side through games like :
 - Placing/removing things from a bucket placed on the opposite side of the hand being used.
 - Passing the ball to person at the right side when the child is using left hand and vice-versa.
 - "Touch your right ear with your left hand."
 - Music activities with hand clapping.

Difficulty in using opposite arms and legs at the same time, e.g. a child may have trouble in using his left leg and right arm to crawl :

- Climbing activities.
- Guide the child with proper leg-arm pattern in crawling.
- Calisthenics, e.g . reaching right foot with left hand.
- Marching activities emphasizing opposite leg/arm movements.

Poor balance (child frequently trips, bumps or drops things) :

- Walking on tip-toes.
- Walking on balance beam or walking board.
- Just draw a line on the ground and let the child walk through,pretending he is crossing a narrow bridge.

Difficulty in skills/movements involving the fingers and wrists, e.g . child can not button/unbutton, hold a pencil securely, use scissors :

- Buttoning, lacing and snapping clothes.
- Stringing beads, cutting and pasting.
- Dot-to-dot exercises.

Difficulty in interpreting what is seen even though eyes are physically alright, e.g . child unable to put puzzle together :

- Puzzles with color/number clues.
- Matching objects by color or line drawing by simple shapes.
- More interesting when done with other children.

Inability to compare sounds and notice the differences :

- Have the child close his/her eyes and listen to sounds like running water, footsteps, door closing ; let him/her guess them and tell what and where they come from.
- With eyes closing let the child identify persons talking.

Difficulty in understanding left, right, up, down, over, under, in and out :

- Emphasize left to right movement when writing.
- Demonstrate left, right, up and down, etc., when doing motor activities.
- Go in and out of door with child and say "in" when going inside, and vice-versa.

Cannot tell differences in texture-rough, hard, soft, and smooth :

- Let the child touch different texture--sand, petals, stones, cloth, feathers.
- Put common objects in a bag. Have the child hold one and guess it without looking.

Cannot tell shapes, sizes :

- Tracing shapes with fingers.
- Show colorful pictures of different sizes, shapes.
- Let the child hold round, square, triangle objects.
- Point out big or small objects seen around. Include shapes in games, e.g . going around the circle, forming a line and other shapes with a group of children.

Unable to tell body parts in relation to each other (does not know where hands are attached) :

- Help him touch body parts naming it and rubbing the part with cloth or moving it.

Cannot read letters :

- Start with simple big letters, have him trace it, use materials such as sandpaper, cardboard, wood in shaping letters and let him trace with fingers.

Not able to do motion when he tries to but he can do it unknowingly, e.g. ask child to raise arms, he cannot do it, but unknowingly when yawning, he raises it.

- In front of a mirror help him do the movement while explaining it. Make him aware of movements by copying animal positions like a dog, jumping up and down, curling body like a ball.

Difficulty in activities involving seeing and working with hands

- Give activities like drawing, pasting, cutting, buttoning, snapping clothes.
- Ball catching and shooting.

Difficulty with number concepts :

- Matching and sorting numbers.
- Matching numbers to groups of objects.
- Telling the color/number of things seen around

Child shifts or jerks eyes when watching moving object or child running :

- Have the child's eyes follow a colorful object or flashlight as you move it up, down, left and right.
- Let the child look at a colored object swinging from side to side.
- For further assistance, consult psychologist, teacher or therapist.

Source : **Caring for the Child with Disabling Impairments** by Charlotte Floro ; Aurora Copuz, Aurora Tompar-Tiu ; Jocyn Man Zanilla, Curie Rubio. Philippine Foundation for the Rehabilitation of the Disabled. 1980.

MENTAL RETARDATION

Mental retardation is a condition resulting in a limited ability to learn. Often the child behaves much younger than what is usually expected of his age.

Types of mental retardation

Mildly retarded :

Seems fine in their development until they enter school where they are considered slow-learners academically. They can learn many skills, especially vocational, can get jobs and are able to care for themselves.

Moderately retarded :

Needs special training early in life in feeding, toileting, moving, and social skills. They may learn to read and write a little. Most can be trained to work especially in repetitive, routine and manual types of jobs and can live with someone guiding them in the community.

Severely retarded :

Needs a systematic training, constant supervision and total care. Usually they have physical handicaps. The goal is to help these children develop self help skills e.g. feeding, bathing, toileting and dressing.

What are the causes ?

Before birth (condition of pregnant mother) :

- Malnutrition
- Genetic abnormalities
- Infectious diseases
- Drugs and alcohol intake
- Accidents

During birth :

- Prematurity
- Injury during delivery
- Prolonged labor

After birth :

- Malnutrition
- Infections
- Lack of oxygen (Asphyxia)
- Diseases
- Lack of stimulation
- Poisoning
- Child abuse
- Accident affecting the brain

How to Prevent Mental Retardation

Proper maternal care.

Good nutrition.

Avoid contacting infectious diseases e.g. measles, during the first months of pregnancy.

Take drugs only when prescribed by the doctor.

Have the child delivered by doctor, nurse, or trained midwife, if possible.

Place safety guards where necessary and caution children against dangerous places to avoid accidents.

Keep medicines, poisons, fertilizers, cleaning agents and insecticides out of reach of children.

Immunize against infectious diseases.

Women over 35 years of age should avoid becoming pregnant.

Provide early mental and sensory stimulation.

Teaching the Child Activities

It is important that mentally retarded children be encouraged to learn to take care of themselves. Because learning is difficult, though, a parent or teacher must be patient and self-help skills must be taught slowly and step-by-step.

We all learn best through doing. This is especially true of children with disabilities in learning by doing something you remember and understand it better. Therefore we will be teaching through "doing".

How do we choose a particular activity ?

- 1) Think about what you want to teach.
- 2) The activity should be very clear to parents and children (as they probably never did it before).
- 3) If you think of one interesting activity you may be able to use it to teach many different things.
- 4) How can you make it fun ? through songs, dance, drama, arts and crafts, storytelling, pictures, bright colours and games.

How do we teach the activity ?

Often parents may say "But I've tried to teach my child to do that, and he can't!"
We need to think of ways he CAN.

Here are some reasons why the child may not have done what the parent tried to teach :

A. The child did not understand .

E.g. Mom asked the child to put all the cups on the shelf, the child pushed the cup on the floor. Mom assumes he cannot do it.

The child did not understand the full directions but he did understand CUP. So if we breakdown the activity we see that the child needs to :

- a. find a cup
- b. pick up the cup
- c. carry the cup to the shelf
- d. put the cup on the shelf
- e. go back to the table
- f. pick up another cup and continue until all cups are on the shelf.

If the child is able to do each step individually, he just needs to put it all together. In this case where **a series of connecting steps lead to the completion of a task** it is easiest to do all but the last step. So - mom puts all on the shelf except the last one, which the child puts on the shelf (with some help if necessary). Then the next day she leaves two cups, and so on.

Many activities can be taught this way :

Washing - the child's hands are put into the water, soap is applied, and child's left to rinse the hands.

Toileting - the child is taken to place, pants pulled down and he is left to urinate.

Undressing - the T-shirt is put over head and left for the child to just pull down.

Building (with blocks or match-boxes, sticks) - the child begins by putting last object on top.

Writing all letters of the child's name and leaving the last one for him to write

In all these examples the child has very little to do before there is praise for his success.

B. The child was actually being asked to do many new things at once even though the parent thought it was one thing.

e.g. Mom tells the child to go to the store to buy milk. She gives the child money and he comes back later with no milk, no money, and no explanation.

If we break down this activity, we can see that there are many steps.

- a. the child must be able to find the store by himself.
- b. the child needs to talk to another person (maybe a stranger).
- c. the child must remember what it is that he should buy.
- d. the child must ask for that item.
- e. the child must keep the money until it's time to buy the milk.
- f. the child must give the money to the store keeper.
- g. the child must carry the milk home without drinking it.

This whole series of steps could be taught in a similar manner as in previous example i.e. Mom takes the child to the shop, asks the store-keeper for the milk, pays her, then has the child carry the milk home. The next time the child hands over the money and carries the milk home, etc..

The difference here is that the child may not know how to do all the steps and individual activities will need to be taught first.

- e.g. 1. Finding the shop - while standing in sight of the shop, have the child point to it.
- with back to the shop - ask the child where is the shop.
- Other "shop" activities - at home have the child point to things from the shop.
- when using items from the shop say that it came from the shop.
2. Remembering what to buy - Use memory games
- show the child an item, hide it and ask if he can tell you what it was, or find another one in the room.
As the child gets better at this game, increase the number of items.
- hide something somewhere - let the child see. Sing a song that the child likes, then tell him to find the item. As the child improves increase the amount of time between hiding and finding.

This task of going to the store may have seemed very simple to teach at first (especially if the child seems very alert in many areas) but you can now see how many difficult steps go into this task.

C. Something confused the child which didn't seem very confusing to the parent.

E.g. Mom asks the child to put cups on shelf. The child takes one, goes to shelf and throws cup on the floor.

In fact, the problem was that the shelf was full and there seemed to be no room for the cups.

It was probably assumed that the child would just make room.

Other examples of a confusing situation :

- Asking child to go out the door - and there is actually a curtain instead of a door.
- If the child is not used to pretending - it may be difficult to practice not spilling water out of a basin, without any water in it.

When making up activities we should be concerned that the child is focused on the activity and that it is very clear what they should be doing.

D. The activity seemed meaningless.

E.g. Why should the child repeat 1, 2, 3, 4 after the mother. He's never had to do it before and it doesn't make sense (think how you feel if someone just tells you to do something that seems to have no purpose).

Making a game of counting, using pictures or household items or members of the family would give this more meaning.

How to Teach a Child Step-by Step

- 1) What does the child have to know before doing an activity ? List these things.

Check the ones that the child can already do. If you are trying to teach something through an activity which has many steps which the child does not know how to do - think if you can change the activity to have less steps. Remember the activity is a way to teach a particular skill or task. **It is a way to make it more interesting, not more difficult.**

- 2) Often when you make up an activity it will include several steps, which are possibly all familiar to the child. **Putting the steps together is what needs to be worked on.**
- 3) If you have broken an activity into steps and you find that the child cannot do many parts of the activity, think about which parts could be eliminated and which parts are important and interesting. If, for example, there is a song which makes the activity interesting but the child doesn't know the song - does it matter if they know the song well before you play the game ? If you're trying to teach name recognition, and you use a song before the child finds his name the child doesn't really need to know all the words to the song, but just needs to understand that when the singing stops he must find his name.

Here are some examples of activities broken down into steps :

WASHING THE HANDS

The hands should be washed before and after every meal.



Put the hands in water



Lift the hands out of water



Pick up soap.



Apply soap.



Put soap down.



Put hands in water.



Wash off soap.



Lift hands out of water.

USING THE LATRINE

The child should be taught to use the latrine in the same way as other people in the home. If there is no latrine, one should be built for the family.

In the example below the child squats over the latrine hole and use water for cleaning afterwards.



Walks to latrine with bowl of water.



Puts bowl of water down.



Stands over latrine hole.



Lets clothes down.



Squats down and defecates (2 steps).



Picks up container of water and washes (2 steps).



Puts down water container and stands up (2 steps).



Lifts clothes up.



Washes hands with soap and water.

It takes a very long time before the child is able to use the latrine by himself. You should not make too much fuss about using the latrine and scold the child, because then the child may take even longer to learn to use the latrine by himself.

If the child you are training is not able to sit alone, you should place a box around the latrine or pot to support him in sitting.



DRESSING

Dressing is a complicated activity and it may take you many months to train the child who has difficulty with learning, to dress himself.

The child should be dressed in the same way as other children in the community. Loose clothes are best for the child because he can be trained more easily to take them off and put them on.

In the example below the child is trained to wear a loose dress with large holes for the head and arms.

TO REMOVE DRESS



Lift dress up.



Remove one arm from sleeve.



Remove other arm from other sleeve.



Pull dress over head.



Fold dress.



Put dress away.

TO PUT ON DRESS



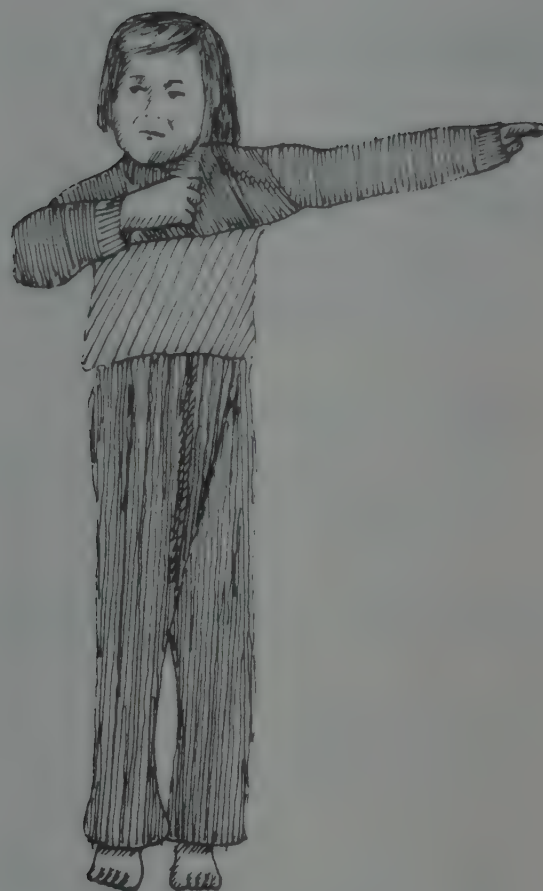
Pick up the dress.



Put the head through the neck of the dress.



Put one arm in through one sleeve.



Put other arm through other sleeve.



Pull dress down.

OTHER POINTS TO HELP TEACHING ACTIVITIES :

1. Being sensitive to the mood and character of the child.
 - If the child seems ill or tired - don't push teaching at that time "You and the child will just become frustrated.
2. Being adaptable.
 - If you are trying to teach an activity and there are four children visiting the house try to use them in your activity.
3. Giving clear directions and demonstrations.
4. Being creative.
 - Think of a new way to do an old game or song. Make it interesting to the child.
5. Using things the child is particularly attracted to in the activity.
 - If the child likes music - make up a game which includes a song.
6. Over-planning.
 - If the activity is done quickly or is not holding interest - have a new approach ready or the next step.
7. Using the "teachable moment".
 - If a child shows interest in something, whether or not it was planned, use it at that particular moment.

Source : Arnold, Caroline and Suzanne Reier, "Child Disability Training Package for Extension Workers."
ACTION AID, Nairobi, Kenya.

EMOTIONAL and SOCIAL PROBLEMS

Some children have difficulties in understanding and expressing themselves and/or getting along with other family members or people in the community. This could be due to various causes.

What are the causes ?

The child does not get enough affection and care from family. Parents are too strict with the child.
The child is abused or neglected by others.

How to Prevent it ?

Respect the individuality of the child:

Make the child feel secure, accepted and loved everyday.

Give consistent and reasonable discipline.

Encourage constructive/appropriate outlet for the child's emotions.

Observe healthy child-bearing practices.

Immunize against infectious diseases.

Have children delivered by trained midwife, nurse or doctor, if possible.

Signs to Watch For

- Excessive temper tantrums beyond age 3.
- Excessive breath holding.
- Hurts self/or others (e.g. frequent headbanging, biting self or others).
- Excessive fear of a specific harmless object (e.g. fear of toys, furniture).
- Bedwetting beyond age 5.
- Exaggerated nightmare ; sleepwalking beyond age 6.

Child has trouble controlling his behaviour :

- Fidgety.
- In constant motion .
- Limited in attention span.
- Easily distracted. .
- Disruptive in group activities .
- Destructive.
- Apparently unaware of other's feelings.

Child has excessive fears :

- Cries easily. .
- Watches other children play but does not join them,
- Relies on order and routine, becomes upset when things are changed. .
- Fears new people and situations ,
- Bites nails and pulls hair.

Child lives in his own private world :

- Little or no reaction to other children or adults including parents. .
- Poor eye contact, avoids and refuses to look at people.
- More interested in objects than people.
- Repeats phrases over and over again with little meaning.
- Often does not speak at all.
- Rocking back and forth or runs from one end of the room to another with little apparent purpose.
- Scribbles on paper without stopping.
- Twiddles fingers in mid-air.
- Stares at things for long periods of time.

What to do ?

For the excessively fearful child :

- When the child enters a new situation, try to be with him as much as possible.
- Reassure him when he becomes afraid.
- Extra physical contact may help.
- Encourage him to enter into activities. Praise him for the accomplishments.
- Prepare him for any changes.
- Accept his fears no matter how unreasonable they may seem.
- Talk to him about his worries and fears.
- Provide as much security and support.

For the child who has trouble controlling his behaviour :

- If you want the child to do something, give him the specific materials and a quiet simple place to work in.
- In introducing a new activity, stay with him until he is involved, then check on his program from time to time.
- Provide a specific program of activities so he knows what to expect.
- Give him "time-out" or a place to go when he gets upset.
- Give activities in which he can be successful.
- Praise him for his accomplishments, no matter how small they are.
- Avoid frustrating situations.
- Allow specific times for releasing energy constructively like running, pounding clay, throwing ball.
- Help him develop self-control by :
 - Stepping in before trouble begins.
 - If he is losing control, remove him from the situation.
 - Break a task down into small steps that can be done in a short time. Directions must be clear, precise and short.
 - Gradually encourage him to take responsibility for his own actions.

For the child who lives in his own private world :

- Avoid sudden interruptions into his world.
- Give and discover what interests the child and try to be present during these pleasurable activities for him.
- If the child seems to enjoy physical contact (hugging, touching, holding hands), use this frequently as a means of communication.
- Provide program which is routine and structured.
- Plan specific directed activities (feeding, dressing) for this child everyday.
- Try to establish eye contact and attention. Use mirror first in directing child to look at you. Reward him for any attempt of looking at you.
- Teach activities using a step-by-step learning approach instead of introducing the whole series tasks.
- Provide variety of activities and change them before their interest level goes down.
- Provide several speech activities.
- Give adequate stimulation especially in delayed areas of the child like motor, speech.
- Continue to communicate although they do not seem to care. They are neither blind nor deaf.

Low self-concept (how he feels about himself) e.g. child withdraws from people or appears to be bold or aggressive :

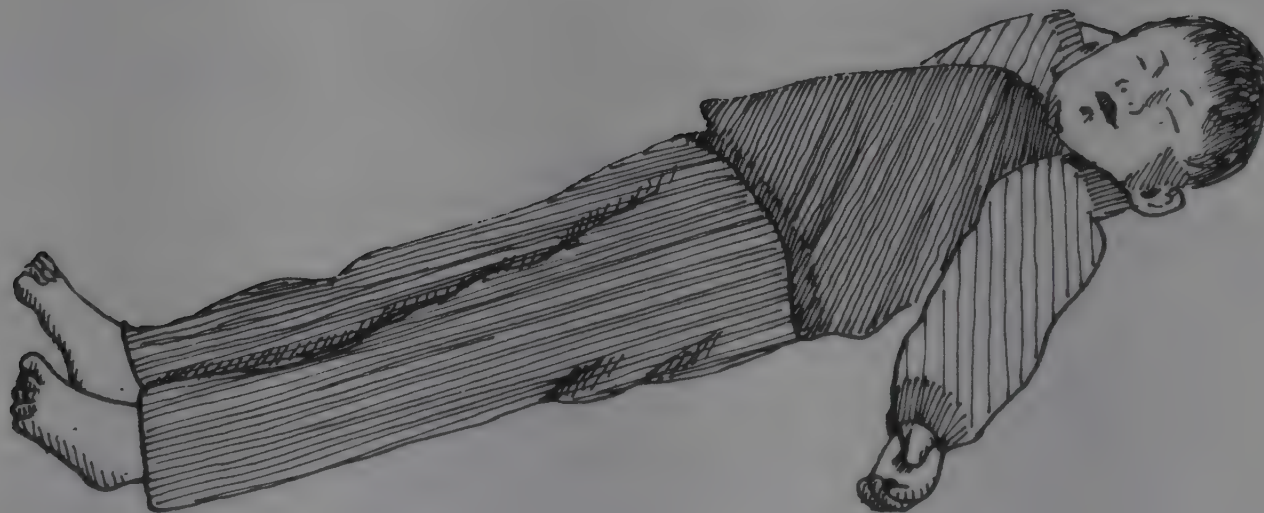
- Make child aware of the things he can do.
- Give attention/praises after good achievement/behaviour.

FITS....CHARACTERISTIC SIGNS TO WATCH FOR

- Unusual or repeated movements of the face or head.
- Shortening (contractions) or twitching of muscles, especially those of the arms and legs.
- Purposeless sounds and body movements.
- Child becomes unconscious.
- Staring or daydreaming.
- Rolling of eyeballs.
- Head rolls about loosely.
- Drooling of saliva.
- * Uncontrolled passing of urine and stools.

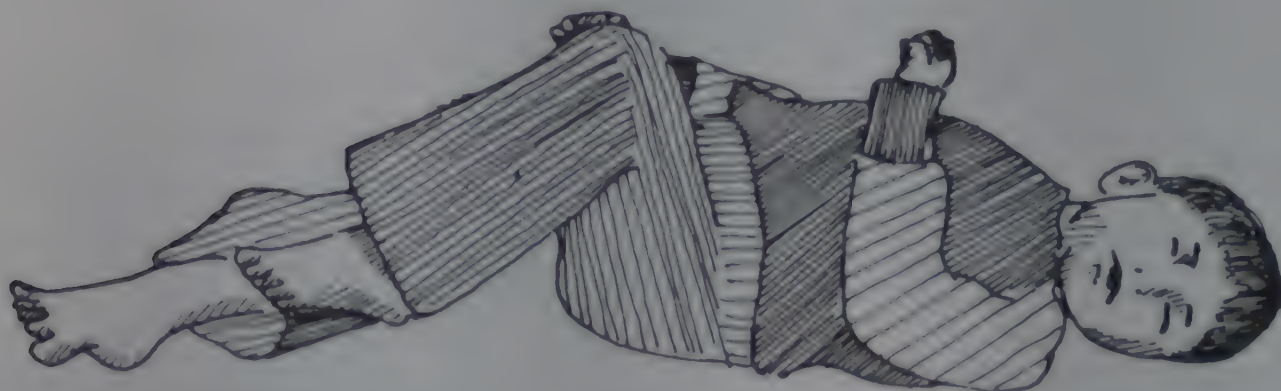
In a bad fit, the child falls to the ground. The child suddenly falls, often with little or no warning, and may make a strange cry. This can frighten people.

At first the body become stiff, and then becomes loose.



The arms and legs may make unusual movements which can be vigorous. Froth and bubbles of saliva may appear at the mouth, and may be coloured red by blood if the person has bitten the tongue or cheeks.

People who see this happening sometimes find this upsetting and are afraid. This is quite natural.



A fit may last only a few seconds, or last for a few minutes. The person is not in pain and his life is not in danger unless he is in the way of traffic, in water, or falls too near the fire.

WHAT SHOULD YOU DO WHEN THE CHILD HAS A FIT ?

If the child falls to the ground, let the fit run its course and follow these simple rules :

1. Be calm and tell the others nearby not to be frightened.
2. It is not necessary to move the child unless he is in the way of traffic or too near fire or water.
3. Fold a cloth and put in under the child's head.
4. Loosen any tight clothing.
5. When the unusual movements have stopped, turn the child onto his side so that the tongue falls forward. Any saliva will pour out of the mouth ; this makes it easier for the child to breathe.
6. Stay with the child for some time after the fit is over to comfort the child. You may have to explain to him what has happened because sometimes these children do not know that they have had a fit. He will be tired and may sleep for sometime.



7. During a fit you should :

- not try to stop any unusual movements
- not give the child anything to eat or drink
- not apply anything on the skin

Doing these things will not help the child and may only make it worse.

8. If the child gets any injuries during the fit, when he has recovered, you must do the following :

- for small wounds and scratches, wash with soap and water and cover completely with a clean piece of cloth. If you have iodine or Gentian Violet, put some on the wound before you cover it.

for severe wounds, burns and injuries, take the child to the primary health worker or to clinic for treatment.

9. Keep calm. The child will not die of the convulsion.

10. Never leave him alone if you want to call the doctor or ask for help. There is danger if he vomits and food materials go to the airways or lungs ; if he bangs himself against sharp or hard objects ; or if he falls.

11. Never give him anything through the mouth if he is unconscious. Do not force open his mouth if he bites his tongue. Damage of his jaw is more likely than damage of his tongue.

12. Let him lie on his tummy with face turned to one side or let him lie on one side.

13. Don't try to take temperature (it is usually high) if convulsion is due to fever. Start right away giving sponge bath (feet and arms, neck) with lukewarm water.

CHILDREN WHO HAVE FITS : INFORMATION FOR THE TEACHER

There are many children who have fits. A child may have a fit only once, some may have more fits.

If fits happen often, the child should be given medicine for it, to reduce the number of fits or stop them altogether. Sometimes fits may stop on their own when the child grows older.

Fits cannot be spread from one child to another.

Children who have fits should be treated in the same way as other children of the same age.

They should start going to school at the same age as others. Then the mind and body will in most cases develop normally.

You should not allow children or adults who have fits to feel as if they are different from other people. They must go about their daily lives as if they had no illness.



If any child has been asked to take medicine during school hours, you should see that the child takes the medicine.

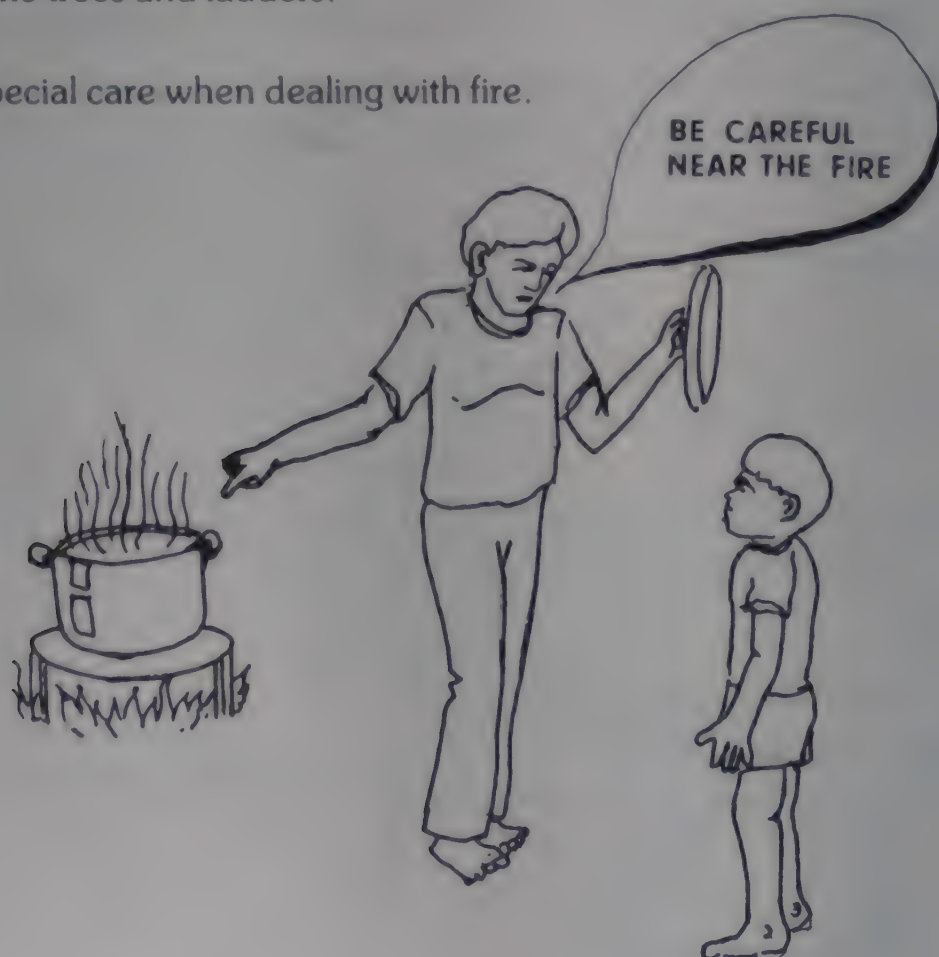
If a child has a fit while you are teaching, you should repeat the part of the lesson that you were teaching just before it happened. This will be necessary because the child may not remember what you were teaching at the time and the other children too may have forgotten it, being upset by the fit.

If there are children in the school who get fits, you should teach the other children how to recognize a fit and how to look after the child during a fit.



At home, at school and at work simple arrangements should be made so that these children do not get any severe injuries when they have a fit. For example :

- They should not go bathing in the river alone.
- They should not climb trees and ladders.
- They should take special care when dealing with fire.



CEREBRAL PALSY

What is cerebral palsy ?

Cerebral palsy is a condition caused by damage to the brain, usually occurring before, during or shortly following birth. "Cerebral" means brain and "palsy" means a distortion of movement or posture. It does not get worse, nor can one child catch cerebral palsy from another child.

What are the effects ?

Cerebral palsy is shown by an inability to control movements. Depending on which part of the brain has been damaged, one or more of the following **may** also occur : fits, muscle spasms, mental retardation, difficulty in walking and moving and impairments of seeing, hearing or talking.

There are 3 different types of palsy. One type causes the child to move stiffly and with difficulty. Another type causes the child to make movements that he does not want to make. The other type causes the child to have difficulty in keeping his balance.

What are the causes ?

Before Birth :

Flu, rubella (German measles), mumps contracted by the mother especially during the first three months of pregnancy.

Pregnant mother's exposure to poisonous materials and radioactive substance (X-ray) or drugs.

Poor nutrition and mental state of pregnant mother.

Parents' blood Rh incompatibility.

During Birth :

Difficult and prolonged labor, trauma.

Misuse of instruments during delivery.

Too much anesthesia.

Anoxia which deprives the brain of oxygen.

A lot of bleeding.

After Birth :

A healthy child at any age may have cerebral palsy as a result of :

-Head injuries.

-Very high fever with convulsions/epilepsy.

-Complications of infectious diseases, like measles, leprosy, poliomyelitis, meningitis, encephalitis.

How to prevent it ?

Before birth :

Mother should avoid crowded places where people may have infectious diseases like measles.

Mother should have a regular check-up by a health worker, nurse or doctor.

Mother should eat plenty of nutritious food, keep herself clean and should not work too hard.

Rest is important for a pregnant mother.

Mother should wear comfortable clothes and low-heeled shoes to avoid accidents.

Mother should avoid radioactive/poisonous substance (X-ray, fertilizer, sprays).

Women over 35 years old should not become pregnant.

During birth :

Deliveries should be attended by qualified medical doctor, a trained midwife or nurse to minimize birth injuries.

Precautions should be taken for a clean/hygenic delivery.

After birth :

Child should be immunized against infectious diseases.

Children with infectious diseases should not be with other children.

Avoid crowded public places especially where there may be infectious diseases.

Watch toddlers and young children. Keep them from eating poisons, away from fires, stoves, pointed objects, and high places where they can fall.

TRAINING THE CHILD TO FEED HIMSELF

EATING

People eat in many different ways. Some may use one hand, others may use both hands. Some may use bowls to take the food to the mouth, others may use spoons.

Disabled children need the same food as others so that they can grow and stay healthy. They should enjoy their meals just as others do. The food must be tasty. Eating meals together is a part of family life. You should see that the disabled child shares meals with other members of the family.

WHEN YOU START TRAINING THE CHILD TO EAT, REMEMBER :

The way the food is to be taken to the mouth depends on the food that is being eaten. Solid foods may be eaten with the hands while liquids may be eaten from a bowl or mug.

Disabled children should be trained to feed themselves, in the same way as other people in the home so that they are not made to feel different.

To prevent diseases the child should wash the hands with soap and water before and after every meal.



Stopping or minimizing excessive salivation (drooling) :

Drooling is due to : poor head control or impaired swallowing, lack of jaw and lip closure which are due to weak muscles of the mouth .

Tongue exercises :

Make the child aware of his tongue (sometimes he is not) by pointing to it, and showing your own tongue.

Encourage child to move tongue sideways, up, down and out.

Incorporate this with feeding activities like holding lollipop or other sweet in front so that child will lick out to it. Place bits of food on the roof, side of child's mouth and let him remove it with his tongue.

Work with a mirror and have child imitate tongue movements. If tongue is always out, tap under child's chin with fingers. Have child repeat these tongue exercises 3 times daily.

Teaching how to swallow :

Parent swallows and at the same time places child's hand on neck and let's him feel the movement.

Press lightly with index finger on midbase of child's neck, in between the two collar bones. This will make child swallow.

Stroke and tap both side of the throat from under chin down to base of neck.

Have at least 20 repetitions per session, 3 sessions a day.

To encourage lip closure stretch both sides of child's lips outwards to ears.

Starting to feed :

Sweet foods tend to increase saliva and drooling.

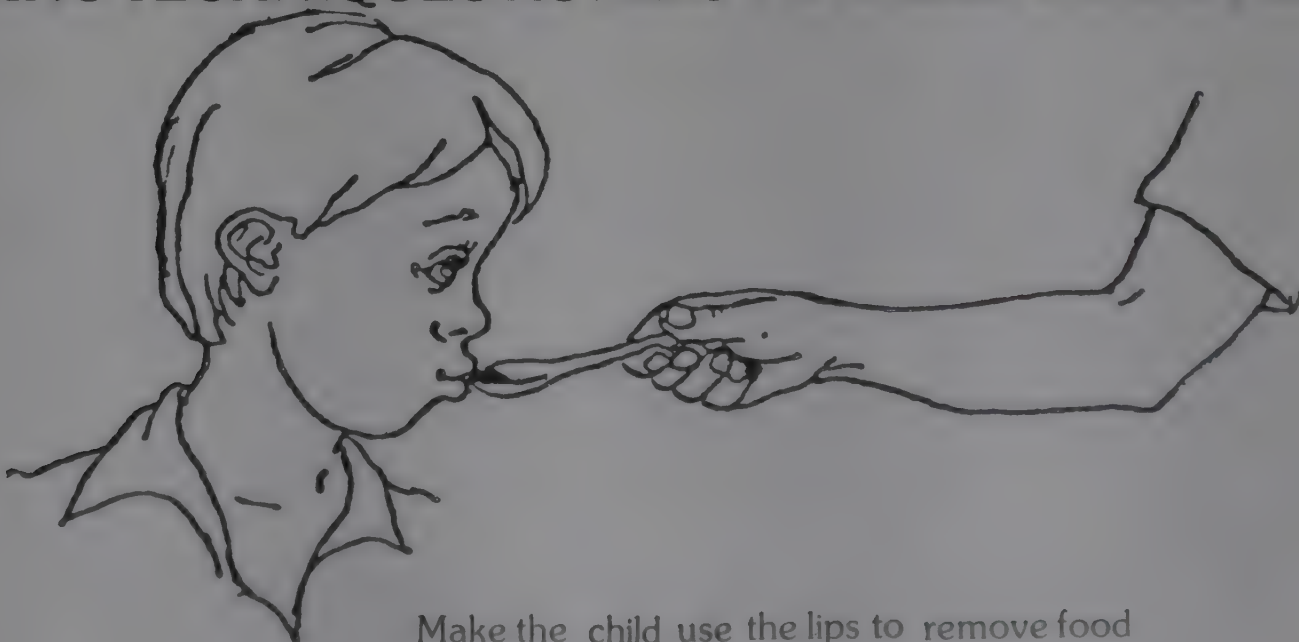
Start with milk and fruit juice since they are thicker than water and therefore easier to swallow.

Thicker foods are easier to manage like mashed pumpkin or potato.

Position the child with head straight forward, supported levelly (not dropped down or facing up).

Source : **Caring for the Child with Disabling Impairments** by Charlotte Floro ; Aurora Copuz, Aurora Tompar-Tiu ; Jocyn Man Zanilla, Curie Rubio. Philippine Foundation for the Rehabilitation of the Disabled. 1980.

FEEDING TECHNIQUES AS AIDS TO SPEED IMPROVEMENT



Make the child use the lips to remove food



Do not scrape food off the spoon against the upper teeth.



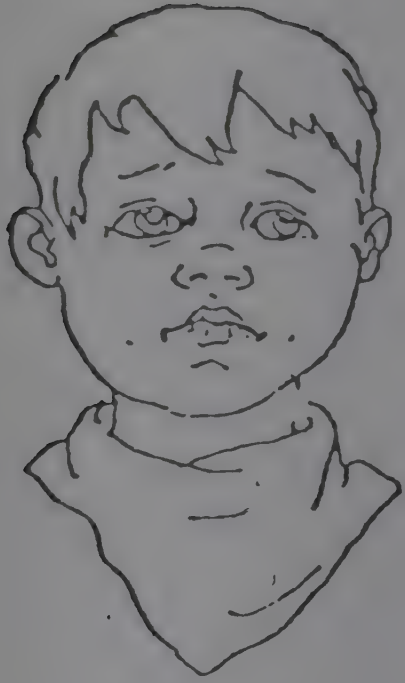
Put food on one side.



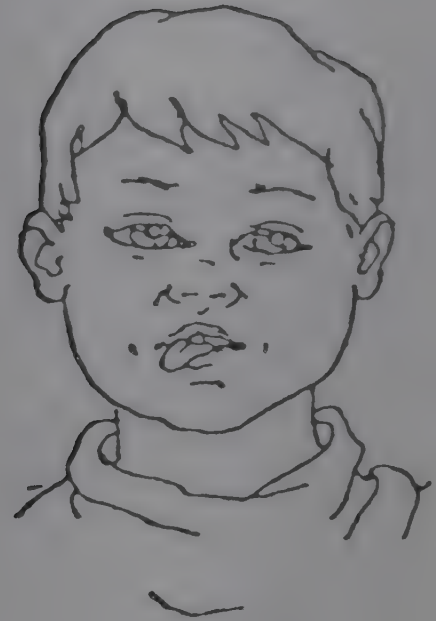
Then the other side.



Show the child how to chew, move his jaws up and down.



Do not put food in the center of mouth,



Ask the child to move the food around with his tongue.

Give the child a chance to bite off pieces of food. Do not break off small pieces unless the child really cannot do this.



Feeling the throat while swallowing helps the child to know what is happening.





Do not tilt head back, this may cause choking.



Help him to keep his jaw still whilst drinking.



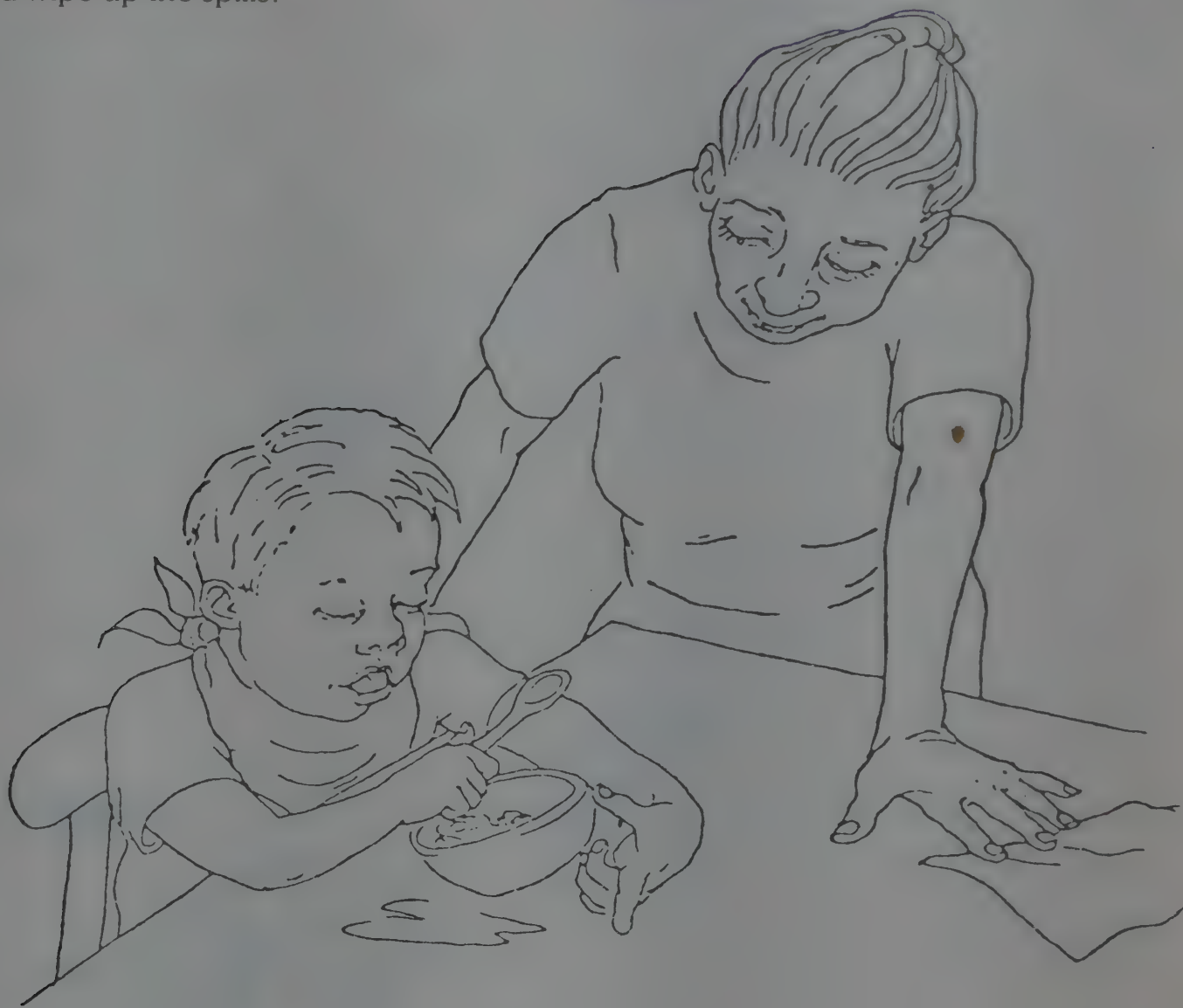
Drinking from a straw helps strengthen the muscles around the mouth, and uses the tongue. Ask the child to close his lips tightly to keep the drink coming inside his mouth.



It is difficult for your child to feed himself.

Encourage him, and wipe up the spills.

Do not hurry him



HAND GRIPS TO AID FEEDING

Hand grips can be made of :

Clay (modelling clay or clay from the ground).

Plaster (modelling plaster or plaster used for building).

Clay and plaster can be mixed with short fibres or chopped up pieces of string to make them stronger.

Epoxy resin putty (there are several types available). This is the strongest material and can be immersed in water.

To make the grip :

1. Take a small piece of the material and make it into a ball.
2. Put it in the hand of the disabled child.
3. Put the item on which the grip is to be fixed into the material in the hand. With items such as pencils and forks push the end of the item through the material.

Do not wrap it around the item.

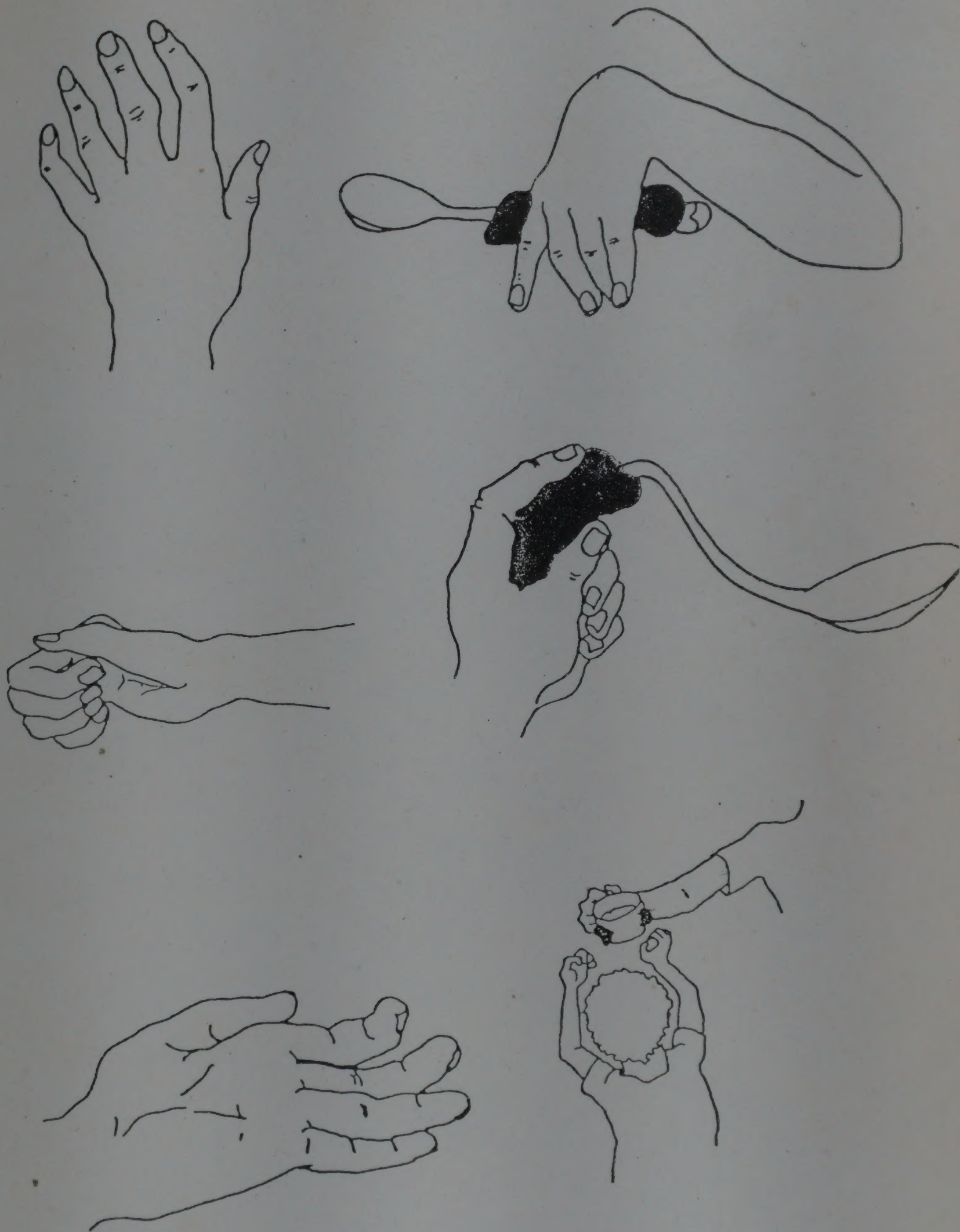
4. Make the child hold the item in the way he would normally use it.
5. Press the child's fingers firmly in position so that a clear impression is made.
6. Leave the grip in place for a few minutes.

Then take the item with the grip out of the hand and let it harden.

7. If the grip is made of clay, bake it in the sun.
- Cover with oil or grease to make it more resistant to water. Do not put the grip in water if you are washing the item.



MORE GRIPS



How to Make Hand Grips. Designed by Don Caston. Appropriate Health Resources and Technologies Action Group Ltd., 85 Marylebone High Street, London W1M 3DE, United Kingdom.

